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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Application or Docket Number 6											
CLAIMS AS FILED — PART I (Column 1) (Column 2)							SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILEO NUMBER EXTRA					RATE	FEE]	RATE	FEE		
BASIC FEE (37 CFR 1.16(a))								s	OR		s
	TAL CLAIMS CFR 1.16(c))		minus 2		1	× 5		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3 a			1	xs =		OR	xs -	
Ť	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1	+1 =		OR	+,	
• 11	* If the difference in column 1 is less than zero, enter "O" in column 2.					J	TOTAL		OR	TOTAL	
		LAIMS AS A	-						•		·
5	31.05	•		(Column 2)	(Column 3)		SMALL ENTITY		O R		R THAN ENTITY
NTA	÷	CLAIMS REMAININ AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (27 OFR 1.16(d)	.108		108	-	1	xs =		OR	x \$ =	\ \
AMENDMENT	independent (37 CFR 1.14(N)	. 9	Minus	-9	2	1	xs=		OR	x \$=	V
A	FIRST PRESENT	TATION OF MULT	LIB-TE DEBEKO	ENT CLAIM (37 CI	FR 1.16(d))		+5 =	•	OR	+s =	/\ ·
	100						TOTAL ADOL FEE		OR	TOTAL ADD'L FEE	
B	Dell	(Column 1)		(Column 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
ENDMENT B		CLAIMS REMAININ AFTER AMENDMEN	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total profrusca	. 8	Minus	1108	-		X 5=		OR	x \$=	
AEN	Independent (37 CFR 1.16(b))	· 14	Minus .	-9	-/		x \$=	•	OR	x \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						H	+5=		·OR	+5=	
		•					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	_	(Column 1)		(Column 2)	(Cotumn 3)					. •	
ENTC		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total (SV CFR 1.16(4))	•	Minus	•	8 .		x \$=		OR	x \$=	·
AMENDMEN	Independent (37 GFR 1.16(b))	•	Minus		• `		X\$=		OR	x \$=	
8	FIRST PRESENT	ATION OF MULT	PLE DEPEKO	BIT CLAUM (37 CF	R 1.16(d))		+5=		OR	+ 5=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							ADD'L FEE		OR	ADD'L FEE	
•	If the entry in o	olumn 1 is less	than the ente	y in column 2, writ	e "O" in column	3.					

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this term and/or suggestions for reducing this tenden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22383-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22383-1450.

PATENT ADD	ICATION SEE F	Application or Docket Numb					nber		
. raijaii arri	LICATION FEE Decem		0	469		921			
CL.	AIMS AS FILED (Column 1)		ILL EN	TITY			R THAN		
FOR	umn 2) EXTRA	RAT	PE C	FEE	OR I		ENTITY		
BASIC FEE		 	_	45.00		RATE	FEE		
TOTAL CLAIMS	105/ minus	^.,	+		OH		690.00		
INDEPENDENT CLAIMS	7 minus	XS	-		OR	X\$18=	אבין		
MULTIPLE DEPENDENT		X39	-		OR	X78=	3/2		
* If the difference in set	* If the difference in column 1 is less than zero, enter *0" in column 2							+260=	-
			column 2	TOT	AL _		OR	TOTAL	2586
8-1602 (CO)	IS AS AMENDE! lumn 1)	(Column 2)	(Column 3)	SMA	LL EM	TITY (OR	OTHER SMALL	
NEW A	AIMS AINING FTER NOMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E TK	DDI- DNAL EE		RATE	ADDI- TIONAL FEE
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FIRST PRESENTATION	ON OF MULTIPLE DE	PENDENT CI AIM	- 0	X39	=		OR	X78=	X
		COUNTY COMM		+130	-	(OR	+260=	/\
8-5-04 100				ADDIT, F	EE _		OR,	TOTAL ADDIT, FEE	
DESCRIPTION OF COLUMN	umn 1) AMS	(Column 2)	(Column 3)				_		
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Independent • /	Minus	PENDENT CLAIM		X39-	.)R	X78=	
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7 10				ADDIT, FI)A	TOTAL VDDIT. FEE	
タン C	umn 1)	(Column 2) HIGHEST	(Column 3)				. •		
REM	AINING TER DMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		NAL		RATE	ADDI- TIONAL
Total . 1 C) & Minus	108	-())	X\$ 9=		E	_	X\$18=	FEE
Independent • (g	Minus	·	3	X39=	+	_	R	285	
FIRST PRESENTATIO	N OF MULTIPLE DEF	ENDENT CLAIM			+-	⊣°	R		400.00
* If the entry in column 1 is to	ss than the entry in colu	nn 2, write 10° in ook	uran 3.	+130-		<u> </u> °	R	+260=	
"If the "Highest Number Pro	viously Paid For IN THIS viously Paid For IN THIS	SPACE is less than	20, enter "20."	ADDIT. FE	E		-	TOTAL DOIT, FEE	400
The Highest Number Previ	lously Paid For (Total or	independent) is the	highest number f	bund in the	appropris	ite box in	cotu	mn 1.	

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